

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 243342 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
5						
6	1					
7						
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9						
10						
11						
12						
13						
14						
15						
16		1				
17			1			
18						
19						
20	1					
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22						
23						
24						
25						
26						
27	1					
28						
29						
30						
31						
32						
33	6					
34	6					
35	6					
36	6					
37	6					
38	6					
39	1					
40	1					
41	1					
42		1				
43	1					
44		1				
45	1					
46		1				
47						
48						
49						
50						
TOTAL IND.	60					
TOTAL DEP.	76	↓	↓	↓		
TOTAL CLAIMS	92					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.		↓	↓	↓		
TOTAL CLAIMS						